

## Traditional and Safety Net Provider as Primary Care Physician Report Calendar Year 2002

**S**ection 12693.37 of the California Insurance Code requires the Managed Risk Medical Insurance Board (MRMIB) to contract with a wide range of health plans to provide subscribers a choice among a "reasonable number and types of competing health plans." In selecting health plans, MRMIB is instructed to take reasonable steps to assure that the range of choices available to each subscriber includes plans that 1) have signed contracts with Traditional and Safety Net (T&SN) providers and 2) have included these providers in their networks. The California Insurance Code further requires plans to submit to MRMIB an annual report on the number of subscribers who selected T&SN providers as their primary care physician during the previous calendar year. This report summarizes the information provided by participating health plans for subscribers enrolled during calendar year 2002.

### BACKGROUND

MRMIB has defined T&SN providers as providers who belong to at least one category of providers who have historically served uninsured children. The definition was the result of extensive public discourse on how best to define T&SN providers of the HFP eligible population. The three categories of providers are defined in the California Code of Regulations, Section 2699.6805 as:

- 1) Providers, except clinical laboratories, participating in the Child Health Disability Prevention (CHDP) Program that provided service to an uninsured child.
- 2) Clinics, including community clinics, free clinics, rural health clinics, and county owned and operated clinics that provided service to at least one child enrolled in the Medi-Cal program.
- 3) Hospitals designated by the Department of Health Services as a "disproportionate share hospital", university teaching hospitals, children's hospitals, and county owned and operated general acute care hospitals.

Each year a list of T&SN providers is generated using this definition. The primary use of the list is to designate a Community Provider Plan (CPP) in each county. The CPP is the health plan in each county that has done the best job of including T&SN providers in its provider network. Subscribers who select the CPP are offered a premium discount of \$3 per child per month. This discount reflects policy makers' interest in providing an incentive for subscribers to give special consideration to the health plan with the highest percentage of T&SN providers in its network.

Exhibit A on page 4 presents the current CPP designations for health plans in each county.

### REPORT METHODOLOGY

Consistent with the provisions of California Insurance Code Section 12693.37, MRMIB requested all HFP health plans to report the number of HFP children who had a T&SN provider as their primary care physician during calendar year 2002 and to indicate whether the T&SN primary care physician was assigned by the health plan or selected by the applicant.

MRMIB linked health plan data with data collected from the original applications to add information related to ethnicity of the subscribers, primary language of the applicant (usually a parent) and family income level.

## FINDINGS

### HFP Subscribers with a T&SN Primary Care Physician

Twenty-three plans that participated in the HFP and used a primary care provider to coordinate children's health care needs provided data to MRMIB.

**Table 1** presents the percentage of subscribers, by health plan, who had T&SN providers as their primary care physician for calendar years 2002, 2001 and 2000.

**Table 1**

Health Plan	2002	2001	2000
Alameda Alliance for Health	100%	90%	84%
Blue Cross - HMO	68%	79%	41%
Blue Shield HMO	40%	14%	14%
CalOptima	42%	48%	51%
Care1st Health Plan	81%	100%	N/A
Central Coast Alliance for Hlth	63%	46%	79%
Community Health Group	49%	49%	84%
Community Health Plan	72%	65%	69%
Contra Costa Health	90%	99%	75%
Health Net	24%	31%	43%
Health Plan of San Joaquin	58%	93%	89%
Health Plan of San Mateo	99%	72%	95%
Inland Empire Health Plan	100%	100%	72%
Kern Health Systems	100%	100%	100%
LA Care Health Plan	74%	73%	51%
Molina	66%	65%	91%
Santa Barbara Reg Health Auth	97%	96%	92%
Santa Clara Family Health	80%	84%	86%
San Francisco Health Plan	100%	100%	100%
Sharp Health Plan	73%	86%	77%
UHP Health	58%	44%	74%
Universal Care	63%	54%	79%
Ventura County Health System	92%	94%	93%
<b>Program-Wide average for plans that use a Primary Care Physician model</b>	<b>62%</b>	<b>61%</b>	<b>54%</b>

N/A = did not participate in 2000. Joined HFP July 1999.

Note: Kaiser Permanente uses a closed network and does not use T&SN providers.

The aggregate use of T&SN providers is under-stated in this report because a large percentage of the HFP population is served by three commercial plans who do not utilize a primary care physician model for delivery of services. *Blue Cross-EPO, Blue Shield-EPO and HealthNet – EPO* contract with many T&SN providers, yet they are excluded from this report. These plans represent approximately 23 percent of the total HFP enrollment during the reporting period.

Additionally, T&SN providers in any health plan may provide services beyond those of a primary care physician to HFP children. These activities are not captured in this report.

### HFP subscribers selecting versus assigned a T&SN primary care physician

In general, health plans reported that 83 percent of HFP subscribers with a T&SN primary care physician selected their own primary care physician.

The HFP application provides an opportunity for applicants to select their child's primary care provider. Administrative policies among plans vary in terms of assignment and/or selection of a primary care physician. Certain plans require subscribers to select a primary care provider while others do an automatic assignment.

The selection of a primary care provider is optional on the application. This means an application will be processed irrespective of whether a primary care provider is selected. When the primary care provider is specified this information is forwarded to the health plan by the HFP administrative vendor.

It should be noted that while some health plans may assign primary care physicians to subscribers who did not select one at the time of enrollment, subscribers are allowed to select a new primary care physician on a monthly basis.

**Table 2**, on the following page, compares the percentage of subscribers who selected to those who were assigned a T&SN provider.

**Table 2**

Health Plan	Assigned	Selected
Alameda Alliance for Health	5%	95%
Blue Cross - HMO	1%	99%
Blue Shield - HMO	0%	100%
CalOptima	3%	97%
Care1st Health Plan	25%	75%
Central Coast Alliance for Hlth	51%	49%
Community Health Group	42%	58%
Community Health Plan	47%	53%
Contra Costa Health	5%	95%
Health Net	4%	96%
Health Plan of San Joaquin	0%	100%
Health Plan of San Mateo	14%	86%
Inland Empire Health Plan	24%	76%
Kern Health Systems	30%	70%
LA Care Health Plan	72%	28%
Molina	21%	79%
Santa Barbara Reg Health Auth	0%	100%
Santa Clara Family Health	0%	100%
San Francisco Health Plan	18%	82%
Sharp Health Plan	40%	60%
UHP Health	24%	76%
Universal Care	58%	42%
Ventura County Health System	50%	50%
<b>All Plans with Primary Care Physician Model</b>	<b>17%</b>	<b>83%</b>

## SUBSCRIBER DEMOGRAPHICS

### Subscribers with a T&SN primary care physician by ethnicity

**Table 3** presents data on the percentage of children by major ethnic category that have a T&SN provider as their primary care physician. These percentages have remained at approximately 60 percent for the past three years, with no significant differences attributable to ethnicity.

**Table 3**

Ethnicity	% of all Reported Subscribers	% with T&SN Provider
Hispanic / Latino	63%	64%
Asian/Pacific Islander	16%	63%
White	9%	54%
African American	2%	56%

American Indian/ Alaskan Native	<1%	51%
Other/ Did not Identify	9%	60%

### Subscribers with a T&SN primary care physician by language

**Table 4** presents data on the percentage of children that have a T&SN provider as their primary care physician by primary language of the applicant. Based on the information on “primary language” obtained from the application, Korean speakers showed the highest incidence of utilizing a T&SN provider at 73 percent. This measure showed little change from the prior year.

**Table 4**

Primary Language of Applicant	% of all Reported Subscribers	% with T&SN Provider
Spanish	52%	65%
English	35%	57%
Chinese Languages*	5%	67%
Vietnamese	3%	60%
Korean	3%	73%
Other	2%	62%

\*Cantonese or Mandarin

Twenty-six (26) languages are included in the “Other” category for the HFP applicant primary language.

### Subscribers with a T&SN primary care physician by income level

Families eligible for the HFP have household incomes between 100-250% of the Federal Poverty Level.

**Table 5** presents data on the percentage of children that have a T&SN provider as their primary care physician by Federal Poverty Level (FPL).

**Table 5**

Percent FPL	% of all Reported Subscribers	% with T&SN Provider
100% -- 150% of FPL	33%	63%
150% -- 200% of FPL	35%	63%
200% -- 250% of FPL	<b>32%</b>	61%

Based on the above results, income levels among the HFP population does not appear to be a factor on the choice or use of T&SN primary care providers.

## SUMMARY

This report summarizes calendar year 2002 data for Healthy Families Program subscribers using T&SN providers as their primary care physician. Based on the HFP population enrolled in the 23 plans reporting and utilizing the primary care physician model, **62 percent** either selected or were assigned to a T&SN primary care physician. This percent has not varied significantly over the past three years.

This high level of T&SN participation reflects the efforts in attracting and recruiting T&SN physicians and the effect of incentives provided through the Community Provider Plan's \$3 discount.

As described earlier, the overall results in this report ***under-represent*** the involvement of T&SN providers in serving HFP children due to the exclusion of Blue Cross - EPO and Blue Shield - EPO from the study. As shown in Exhibit A, Blue Cross EPO achieved a high utilization of T&SN providers.

Differences between ethnic groups, primary language groups and income levels do not reveal significant variation in provider selection tendencies within the HFP population and have not varied a great deal over the past three years.

## Exhibit A - Current 2003/04 Community Provider Plan Designations

County	CPP Designated Plan
Alameda	Alameda Alliance for Health
Alpine	Blue Cross - EPO
Amador	Blue Cross - EPO
Butte	Blue Cross - EPO
Calaveras	Blue Cross - EPO
Colusa	Blue Cross - EPO
Contra Costa	Contra Costa Health Plan
Del Norte	Blue Cross - EPO
El Dorado	Blue Cross - EPO
Fresno	Blue Cross - HMO
Glenn	Blue Cross - EPO
Humboldt	Blue Cross - EPO
Imperial	Blue Cross - EPO
Inyo	Blue Cross - EPO
Kern	Kern Family Health Care
Kings	Blue Cross - EPO
Lake	Blue Cross - EPO
Lassen	Blue Cross - EPO
Los Angeles	Community Health Plan
Madera	Blue Cross - EPO
Marin	Blue Cross - EPO
Mariposa	Blue Cross - EPO
Mendocino	Blue Cross - EPO
Merced	Blue Cross - EPO
Modoc	Blue Cross - EPO
Mono	Blue Cross - EPO
Monterey	Central Coast Alliance for Health
Napa	Health Net - HMO
Nevada	Blue Cross - EPO
Orange	CalOptima Kids
Placer	Blue Cross - EPO
Plumas	Blue Cross - EPO
Riverside	Inland Empire Health Plan
Sacramento	Blue Cross - HMO
San Benito	Blue Cross - EPO
San Bernardino	Inland Empire Health Plan
San Diego	Community Health Group
San Francisco	San Francisco Health Plan
San Joaquin	Health Plan of San Joaquin
San Luis Obispo	Blue Cross - EPO
San Mateo	Health Plan of San Mateo
Santa Barbara	Santa Barbara Regional Health
Santa Clara	Santa Clara Family Health Plan
Santa Cruz	Central Coast Alliance for Health
Shasta	Blue Cross - EPO
Sierra	Blue Cross - EPO
Siskiyou	Blue Cross - EPO
Solano	Blue Cross - EPO
Sonoma	Blue Cross - EPO
Stanislaus	Blue Cross - HMO
Sutter	Blue Cross - EPO
Tehama	Blue Cross - EPO